

# City of Boston Air Pollution Control Commission

## Application for Parking Freeze Permit

1. Name and Address of Facility:


2. Name and Address of Land Owner:


3. Name and Address of Lessee (if different from Owner):


4. Parcel Number of Land (Assessing Department):

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5. Type of Facility:

Lot	
Garage	

6. Type of Request

New Facility  
Addition to Existing Facility

### Number of Spaces Proposed

New	Existing	Total

7. Type(s) of Space

Commercial  
Residential  
Employee  
Other (describe in detail on separate sheet)

### Number


8. Estimated Commencement

Estimated Completion

Month	Day	Year

9. Please include below a general description of the need for the proposed facility and the type of development and patrons it will serve.

10. Please indicate the proposed rate structure per day and per hour, along with the days of the week these rates pertain to, and the type of parking (e.g., valet, self-parking).

11. Please attach a site plan or floor plan of the proposed lot or garage, showing the location of the facility, the layout of spaces, entry and exit points, and the total square footage of the parking area.

12. Please include the route and distance vehicles must travel from entrance and exit points to the nearest major highways in the area.

13. Please describe the proposed landscaping and the extent to which the facility conforms to land use patterns in the surrounding area.